

**A. GENERAL INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME
TITLE	
ORGANIZATION	
MAILING ADDRESS	
CITY	PROVINCE / STATE
COUNTRY	POSTAL/ZIP CODE
TELEPHONE ( )	FAX ( )
E-MAIL ADDRESS	

**Please note :** In order to facilitate networking amongst delegates, only your name, affiliation and country will appear on the ICSTI 2009 Participant List. If **YOU DO NOT WISH** to have your information made available, please let us know by checking the box below.

I **do not** wish to have my name, affiliation and country appear on the ICSTI 2009 Participant List.

**B. REGISTRATION FEES**

	UP TO MARCH 31, 2009 CAD	AFTER MARCH 31, 2009 CAD	ON SITE CAD	
<input type="checkbox"/> Participant (June 9 and 10 Conference only)	\$425.00	\$475.00	\$500.00	\$ _____
<input type="checkbox"/> *Student (June 9 and 10 Conference only)	\$200.00	\$250.00	\$250.00	\$ _____
<input type="checkbox"/> ICSTI Participant (June 9 to 12 Conference and ICSTI Members' Meetings)	\$650.00	\$700.00	\$725.00	\$ _____
<input type="checkbox"/> ICSTI Members' Meetings (June 11 and 12 only)	\$225.00	\$225.00	\$225.00	\$ _____
<input type="checkbox"/> Accompanying persons (ICSTI Members only)	\$175.00	\$175.00	\$200.00	\$ _____

Name: \_\_\_\_\_

Registration fees to the **Conference only** include the welcome reception on Tuesday, coffee breaks, a lunch on Tuesday, continental breakfast on Tuesday and Wednesday, as well as a copy of the program.

Registration fees to the **Conference and ICSTI Members' Meetings** include all of the above as well as a city tour and the council dinner on Wednesday, and continental breakfast and lunch on Thursday and Friday.

Registration fees for **ICSTI Members' Meetings only** include the city tour and dinner on Wednesday, and continental breakfast and lunch on Thursday and Friday.

**Accompanying person's** registration fees include the welcome reception on Tuesday, and the city tour and the council dinner on Wednesday.

*\*The following statement must be completed to register as a student: I certify that I am a student currently working towards a recognized degree.*

University: \_\_\_\_\_ Degree: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

**D. WELCOME RECEPTION ONLY**

(included in registration fees for Conference, ICSTI Members' Meeting registrants and accompanying persons)

◆Additional tickets - Tuesday, June 9, 2009 Cost per ticket 25.00 CAD	# of Ticket(s) _____ x \$25.00 = \$ _____
--	---

**E. METHOD OF PAYMENT (in Canadian Dollars) NOTE: All prices include taxes.**

<b>Total Remittance: \$ _____</b>	
<input type="checkbox"/> <b>Please charge the total amount above to the following credit card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Name (as it appears on card) : _____	
Card Number : _____ - _____ - _____ Expiry Date : MONTH ____ / YEAR : ____	
Signature: _____ Date: _____	
<input type="checkbox"/> Cheque (enclosed): Please make cheque payable to the "Receiver General for Canada (ICSTI 2009)" in Canadian Dollars <b>Mail to :</b> Conference Secretariat, ICSTI 2009, c/o National Research Council Canada, 1200 Montreal Road, Ottawa, ON K1A 0R6 Canada, telephone : 613 993-0414 or by fax 613 993-7250.	
<input type="checkbox"/> For all Government of Canada Employees – Financial Information Strategy (FIS)	
Organizational Code _____ Departmental Code _____ Interdepartmental Settlement Code _____	
Name of Finance Officer and Fax Number _____	

**Forms received without appropriate remittance do not constitute advance registration.** Participants may withdraw their registration prior to **April 28, 2009**. All refunds are subject to a \$100 CAD administration fee. No refunds after **April 28, 2009**.